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Communications.

RHEUMATISM: ITS NATURE AND ITS TREATMENT.

An Essay read before the Wayne County (Ohio) Medical Society, October 17th, 1866,

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Of Wooster, Ohio.

(Published at the request of the Society.)

(Continued from page 29.)

I will now pass to the second division of my subject, and offer a few thoughts on the treatment of rheumatism. The success in the treatment of this disease will depend very much upon careful examinations of the patient, the true pathological conditions, the diathesis to be changed, and the particular "materies morbi" to be removed. The want of success, in my opinion, is owing to the almost entire neglect of chemical and microscopic examinations, both of the excretions, and the blood. These examinations made from day to day will reveal the true nature of the disease, and tell with unerring certainty what particular type of the disease is present, and will suggest the therapeutic agents needed. If implicit faith is placed in the acid theory of the disease, and that alkalies constitute the almost universal treatment, physicians indulging in such views will be sadly disappointed in their success, and will be ready to endorse the truth of the sentiment that the best cure for rheumatism "is six weeks in bed."

If the positions I have taken in relation to the nature of rheumatism are true, then I need not say that the treatment must vary with each particular type of the disease. Such a proposition is almost self-evident. To be successful in the treatment, it will be necessary to adopt different plans in different subjects, and in the same subjects, during the progress of the same attack of disease. The practitioner must apply the same common sense in the treatment of rheumatism that he would in the treatment of any other disease; adapt the remedies to the dif-

ferent pathological conditions. If there is an excess of acids, and it is clear they are at fault, neutralize them by the administration of alkalies, and *vice versa*. Two men take poison, one eats caustic potash, the other drinks nitric acid. Would it be considered good practice to attempt to neutralize these poisons, by administering alkalies to both men? The very suggestion strikes us with its absurdity, and yet we see this done every day in the treatment of rheumatism. We are consulted in a case of costiveness, and prescribe jalap, gamboge or croton oil. In a few days this costiveness is followed by diarrhoea or dysentery. Shall we continue the use of jalap, gamboge or croton oil? Fully as reasonable as to treat the different types of rheumatism by giving alkalies in all of them.

In my opinion there is no disease affording more encouraging results from treatment than rheumatism. There is no disease of any seriousness that will more certainly, and positively yield to the proper administration of remedies, provided of course the treatment is commenced in time, and there are no serious complications. I may be asked if there are not cases so violent that they will not yield to any treatment that may be used. There are cases in which the poison is of that concentrated character as to kill in defiance of all therapeutic appliances. These cases, however, I regard as exceedingly rare. But admitting the force of the interrogation to the full extent, let me ask in return if death is not often the result of other acute diseases? Do persons die from pneumonia, pleuritis, peritonitis, nephritis, and phrenitis? Because they do, shall we decry treatment and lose confidence in drugs? Persons die from taking poison, and yet the profession have a great deal of confidence in antidotes. Shall we tell a man who has swallowed oxalic acid that the best cure for him is "six weeks in bed?" But enough on generalization, and let us be more specific.

Lactic Rheumatism. Lactic acid, as has been already intimated, owes its existence to non-assimilation. This is particularly the case if muscular juice comes in contact with starch, caseine or sugar, hence it is to be found where there is great

waste of muscular tissue, and where there is fermentation, and decomposition of glucose. In the treatment of lactic rheumatism the value of alkalies cannot be too highly estimated. "This is so, whether regard be had solely to the fact that the normal alkalinity of the saliva disappears, that the acidity of the perspiration is excessive, and the dejections loaded with acidulous matters. They are active depurating agents, correct the abnormal condition of the blood, and prevent the deposition of fibrine." These remarks are worthy of credence, and are no doubt perfectly familiar to the members of the medical profession, and I will not enlarge upon them. The whole plan of treatment is so clearly laid down in the excellent work of Dr. FULLER, that I will not presume to be able to add anything that would be any improvement.

There is a matter in this connection, however, to which I shall beg leave to allude. Frequently when alkalies are given for several days it is found to the joy of the medical attendant that the patient is rapidly convalescing, the sweat and all the excretions which before were acid, are now alkaline, and it is thought a cure is effected, when all of a sudden the disease returns not with its former but with greatly increased violence, seizing not only upon the fibrous tissue, but implicating the heart and other vital organs. What now is to be done? Shall we continue the use of alkalies? If we do the patient will rapidly become worse, and probably die. What is the cause of relapse? The excretions were formerly acid, but they are so no longer. The litmus paper which a few days since turned red on being dipped in voided urine, now turns blue. The excretions are intensely alkaline, and yet there is rheumatism. Why? The microscope reveals the mystery at once. We no longer have lactic acid as the "materies morbi," but some one of the lactates depending in some degree upon the particular alkalies used in the first treatment of the disease. Alkalies are no longer indicated, but a radically different course of treatment has to be adopted, and if adopted will relieve the sufferings of the patient in a very short time. But lactates are not always found in such relapses. A patient convalescing from an attack of rheumatism, eats eggs or potatoes, or drinks milk or sweetened tea or coffee, and owing to weak digestion, there is non-assimilation, and there follows oxaluria or phosphuria, and if there is at the same time some functional derangement of the spleen, leucine is generated, and there is a return of the disease in great violence. Either one of these will require a very different treat-

ment from that which had been pursued in the first attack, depending on uric acid. A continuance of alkalies now would be positively injurious. In view of these facts it can be very readily seen that to treat rheumatism successfully it is necessary to test the excretions from day to day, and thereby ascertain the true condition of the patient. If this is neglected it will be found that poisons are administered instead of remedies. Better trust rheumatic patients to nature at once than pursue an alkaline routine.

In confirmation of these views, I will take the liberty to report a case. Mr. —, carpenter, aged 39 years. Had always been very healthy. This his first attack, visited him January 2d, 1863. Pulse 125, full and hard. Tongue dry and slightly coated; skin hot and dry. Ankles and the left elbow swollen and very painful. He would scream with pain upon slight jarring of his bed. Urine excessively acid, and passed in sparing quantities. Ordered flannel next the skin, and prescribed a saline cathartic.

January 3d. Cathartic operated well. Pulse 120; skin slightly moist. Was more comfortable, but had slept none during the night. Ordered the following:

R. Potass. acetat,	3ij.
Vin. colchici,	
Tr. hyosciami,	aa f 3j.
Aquæ,	f 3vj. M.

S. Tablespoonful every four hours.

4th. Symptoms somewhat improved; skin slightly moist, but still complained of great pain.

6th. Decidedly better. Urine still acid.

8th. Still better. Urine alkaline.

10th. Convalescent.

13th. Called in haste. Patient suffering extremely. Pulse 137; skin hot. Tongue dry and heavily coated. Knees, ankles, and wrists swollen, and very painful. The day before he ate two boiled eggs, and drank about one pint of sweet milk at noon, and a cup of sweetened tea in the evening. The urine contained no acids, but was loaded with phosphates, coloring litmus paper a dark blue.

R. Acid nitro-muriat.,	f 3j.
Aquæ,	f 3vj. M.

S. Teaspoonful every two hours.

No other treatment was used, and in five days he was convalescent.

Since 1862 I have had under my care twenty-seven cases of lactic rheumatism, followed by relapses. These relapses were as follows:

From lactic acid,	9
" lactate soda,	4
" phosphates,	8
" cystine,	5
" leucine,	1

The case of leucine was complicated with functional disease of the spleen, and has been alluded to already. The lactic cases yielded readily to a renewal of the alkaline treatment, while the others required remedies peculiar to themselves. That the relapses were owing to the different agents enumerated, is very evident for the following reasons:

1st. Their excess in the excretions, and particularly in the urine was demonstrated by chemical analysis, and the microscope.

2d. The readiness with which they would yield, when the treatment for either lactic or lithic rheumatism was withdrawn, and their own appropriate treatment was used.

But we will pass to *lithic rheumatism*. This, as has been already mentioned, owes its existence to uric or lithic acid. This acid is much more readily formed, and causes more irritation and pain in the region of the kidneys, bladder, and urethra, thereby causing those afflicted to sooner seek relief. In lithic, as in lactic rheumatism, alkalies form a leading part in the treatment, the principal difference being, that in the lactic the metallic base should be soda, whereas, in the lithic it should be potash. A continuous alkaline treatment will do no better in this form of the disease than in the one we have just considered. Uric acid is often associated with oxaluria, sometimes one predominating, and sometimes the other. The evil consequences of continuing the alkalies too long are more to be dreaded in lithic than in lactic rheumatism, as the transition is to oxaluria instead of phosphuria or cysturia, the former of which is altogether a more troublesome and dangerous "materies morbi." The treatment for lithic rheumatism should be very prompt; the alkalies should be given in as large doses as the stomach will tolerate, and whenever from chemical analysis, or from the microscope it is found that alkalinity is fully established, the treatment should be discontinued at once. To continue alkalies longer than this is frequently very injurious. During the administration of medicine, all nitrogenous articles of food should be avoided, with all aliments likely to produce acidity.

After it is found that the excretions have begun to change from an acid condition, the function of digestion should be particularly watched. At this stage alteratives and tonics will promise the most flattering prospects for a perfect convalescence. Many physicians have great confidence in mercurials. If they can be relied upon at all in the treatment of this disease, it is just at the time acidity has been subdued. To give them at any other time in the disease, I think very

questionable practice. At this period, too, colchicum can be given in combination with vegetable tonics, and if desirable with quinine. When a patient is convalescing in lithic rheumatism, great care should be exercised lest there be a relapse of the disease. When this takes place the disease is but seldom owing to a reaccumulation of either lithic acid or the lithates, but to an abundance of oxalates. I can be somewhat positive upon this point, for it has been a matter of close observation for four or five years. I can safely say that eight-tenths of relapses in lithic rheumatism are owing to oxalates. The other two-tenths are about equally divided between lithic acid, and the lithates; phosphates and cystine are but very seldom if ever found in relapses after the lithic form of the disease. If the views I have taken upon this matter are correct, then it need excite but little surprise to say a patient may have lithic rheumatism one day, and oxalic the next, and that it may be good practice to use one class of remedies one day, and those possessing very opposite properties the next.

Before leaving this part of the subject, I will again allude to the great, indeed the absolute necessity of making frequent examinations of the excretions in order to ascertain what changes in the treatment are necessary.

Phosphatic Rheumatism. To be able to treat this form of the disease satisfactorily, it must be determined with tolerable certainty,

1st. Whether the phosphatic condition is primary or secondary.

2d. The particular kind of phosphate, with a knowledge of the general condition of the patient, and whether there are any deposits about the joints.

3d. Whether the fixed, or volatile alkalies predominate, and if possible to ascertain which one has had precedence in regard to time.

The leading remedy in phosphatic rheumatism is hydrochloric acid. As yet it has never disappointed me in my expectations. It should be given in efficient doses, and continued until the excess of phosphates is completely subdued. This can usually be done in six or seven days, provided the patient is seen within the first twenty-four hours of the attack. I have treated quite a number, both primary and secondary, and never had one continue longer than eleven days. If from any cause hydrochloric acid cannot be given, citric acid in large doses will serve as an excellent substitute. During the treatment strict attention must be paid to the diet, as very slight errors often produce distressing consequences. Patients afflicted with this type of rheumatism

should be watched closely, and particular care should be exercised, lest the acid treatment be overdone, and an opposite condition of the system is brought about, requiring an opposite treatment, and the selection of a very different class of therapeutic agents. After continuing the acids for two or three days, and after the phosphates have been subdued, opium in large doses acts like the healing balm of Gilead. Perhaps no single drug at this stage, acts with such promptness. It sustains the alkaline reaction which has been brought about by the acids, and it allays pain, procures sleep, and composes nervous anxieties, to which these patients are almost universally a prey. We find in consequence of its action being so well marked, and positive, that many intelligent practitioners place great confidence in it, and actually believe, and openly advocate, that it possesses curative properties. This is a mistake. In any other than in phosphatic rheumatism it merely allays pain, and nothing more. The reason doubtless so many physicians are partial to it, is, because they happened to witness its operations and powers when prescribed for rheumatism dependent upon phosphuria, and after some of the acids have been withdrawn. They witnessed its good effects when given in the right type, and at the right time of the disease, and had it not have been thus given, its virtues in the treatment of rheumatism, except as an agent to ease pain and procure sleep, would have been unknown to the profession.

Cystinic Rheumatism. This type is somewhat difficult to cure. As has been intimated, it is doubtless hereditary. It usually exists in the form of neuralgia or neuralgic rheumatism, which renders the lives of some persons so very miserable. They are always sick and always complaining. In addition to their bodily sufferings, their spirits are depressed and their minds always forebode evil. I have administered with very good success nitric acid alternated with sulphuric. I would also recommend tonics, vegetable bitters, and mild alterants. The transition in this type is to the phosphatic. Should this take place, hydrochloric acid will very soon control it. Under any form of treatment I have been able to give, time is required to effect the cure. This is the only type of the rheumatism in which a speedy cure cannot be promised. It is to be hoped the day is not far distant when this will yield to its appropriate remedy as readily as any of the others.

Oxalic Rheumatism. In this type nitro-muriatic acid works as if by magic, controlling the worst forms of the disease in a very brief period

of time. In the use of this agent, one thing should be particularly borne in mind. It often happens that just in proportion to the disappearance of the oxalates, there will be developed in their stead uric acid or the urates, changing an oxalic into a lithic rheumatism. This transition I have witnessed repeatedly. When it occurs, the acids are to be discontinued and a different class of remedies used.

To treat this type of the disease correctly requires daily examinations of the excretions, so as to be able to adopt the remedial agents to the changed conditions found to exist. I would not be understood to say that the transition from oxalic to lithic rheumatism is universal, or even that it constitutes a rule, but that it frequently takes place, and if not understood, or if it is not regarded, complicates the treatment and retards the cure. The reason many cases of the disease drag along so slowly, requiring weeks and even months to effect a cure, is because transitions are not regarded, and because the treatment is not changed to meet the changed conditions. There is, in my humble opinion, fully as much sound philosophy and good practical sense in the daily use of laxatives for the cure of diarrhoea, as there is in a persistent use of acids after a transition from oxalic to lithic rheumatism, or of the different preparations of potash when the transition is from lithic to oxalic. Upon the first examination of a patient, it may be found that the disease is dependent upon an excess of oxalates, for the treatment of which nitro-muriatic acid is peculiarly adapted, when in twenty-four or in forty-eight hours it will be found there has been a transition, and now, instead of oxalates, uric acid or urates will be found in large quantities, when to continue longer the use of the acid would be like throwing oil into the fire to extinguish the flames.

The transitions must be watched and followed up from day to day, and the remedies must be changed to meet the changes in disease as they occur, and if these things are done, rheumatism will yield as readily to the use of remedies as any other acute disease of equal violence.

Leucinic Rheumatism. In relation to the proper treatment to be pursued in this form of the disease, I must in candor say that I am not fully established. I have seen but four cases of the disease, and but two of these were under my care long enough to enable me to come to any very definite conclusions in reference to the best treatment to be pursued. That the rheumatic difficulty in each case was owing to an excess of leucine I have no manner of doubt. The evi-

dence upon this point was, to my mind, conclusive. The remedy chiefly relied on was phosphoric acid given in as large doses as was deemed safe. It was prescribed with the hope that there would be a transition from a leucinic to a phosphatic condition. In this I was disappointed, for upon daily examinations, not a crystal of the phosphate could be found. After the use of the acid five days in one case, and eight in the other, the leucine began to disappear, and at the same time the rheumatic symptoms improved. In order to ascertain, if possible, whether the improvement so noticeable was a mere coincidence, or whether it was owing to the acid, I in one of the cases withdrew the remedy for two or three days, when the rheumatic trouble became worse, and markedly worse, after which the treatment was resumed, upon which the patient improved. In the other patient the improvement was steady and uninterrupted throughout, with a continued use of the remedy. The cure was not rapid, but complete. When the leucinic condition was mainly overcome, guaiac, colchicum, and quinia were prescribed, and the acid withdrawn.

In conclusion, permit me to say that I have, in as clear and plain a manner as I could, given my views in relation to the nature and treatment of rheumatism. Many things I deem of importance have been omitted, fearing their recital would be considered prolix. How I have succeeded in convincing any one of the truth of the positions taken I cannot tell. I believe them; indeed, I am confident of them. I have arrived at the belief of the truth of them by a series of experiments carefully conducted through the last five or six years. If any one is skeptical, I would suggest that he experiment for himself. The subject is worthy of careful investigation and patient thought. I have only touched it in feebleness, but at the same time I hope, if I have done nothing substantial, that I have aroused a spirit of investigation. If I have done this, then I am amply rewarded. If I have done this and nothing more, I will then have done something to allay suffering, assuage pain, and increase the happiness of man.

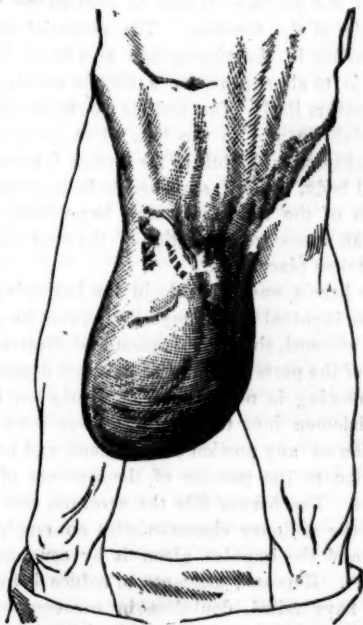
Extractum Carnis.

The sub-committee on food of the Socie'y of Arts, are of the opinion, that extract of meat, even that prepared by LIEBIG's formula, acts less by affording nutriment than by preventing waste of tissue, and hence come in the same category as their, caffeine, and alcohol. They aver that "a teaspoonful of extract does not contain as much nutriment as a mouthful of meat." We are inclined to regard this as a scientific quibble, and it does not in the least diminish our faith in beef essence as an unsurpassed form of nourishment.

A CASE OF HERNIA OF LARGE SIZE.

BY ELLIOTT COUES, M. D., U. S. A.

The accompanying photograph represents a remarkable case of hernia at present under the care of my friend, A. A. Surgeon ENSOR, U. S. A., in charge of the Freedmen's Hospital in this place. The patient is a negro, set. about forty, of moderately robust physique, and in the enjoyment of good health. He appears to suffer no inconvenience beyond that occasioned by the size and weight of the tumor, and is able to attend to ordinary avocations. The case has only recently come under observation, and I can give no further history of it than is comprised in the unsatisfactory and very likely inaccurate statement of the patient, which is to the effect that he was ruptured about four years ago, and that for some time afterward the bowel could be replaced. The condition of the parts has not perceptibly changed during the few months he has been in the hospital.



The surface of the tumor consists entirely of the greatly hypertrophied scrotum, with the exception of a swelling over the original site of the inguinal canal and abdominal rings. These are now obliterated, and the intestines descend through a nearly straight passage of considerable calibre, presenting no constriction in any portion of its extent. The length of the tumor is fourteen inches, and its greatest diameter about twelve. In general contour it is ovoidal or sub-

pyramidal, as shown in the annexed cut, which gives a better idea of its shape and general appearance than could be gained from any description. Its weight cannot be ascertained with any degree of accuracy. It is freely moveable about its centre of attachment, and when the patient is lying on his back, can be laid over either thigh, or held perpendicularly upside down.

With the exception of a few large swollen veins which ramify over it, the surface of the tumor is natural in appearance and feeling, though somewhat tense and smooth when the patient is erect, from the weight of the contents. The scrotum has enlarged chiefly on the right side, as is evidenced by the position of the median raphe. This is discernible, (though not shown by the photograph,) pursuing a somewhat tortuous course high up on the left side, from the apex of the prepuce round to the perineum. The penis is almost obliterated, only appearing as a ridge high up in the scrotum, and a little to the left. The glans cannot be exposed, being buried within the prepuce, which is continuous with the skin of the scrotum. The preputial orifice (appearing in the photograph as a small black spot) is to all appearance a simple opening in the scrotum itself. One testicle can be distinctly felt, high up and to the left. The position of the right one is doubtful; for though I have felt a hard body, which I supposed to be it, near the bottom of the tumor, it seems improbable that such an excessive elongation of the cord should have taken place.

The hernia was probably in the beginning an oblique inguinal one, though this cannot be positively affirmed, since the dilation and disarrangement of the parts preclude an accurate diagnosis. The opening is now direct, or nearly so, from the abdomen into the scrotum; there is no constriction on any portion of its extent, and no obstruction to the passage of the contents of the bowels. The hernia fills the scrotum, and presents the ordinary characteristics on manipulation; and the impulse given it by coughing is distinct. Repeated attempts to reduce it by the taxis have failed, doubtless in consequence of extensive adhesions between the intestines and the scrotum.

Post Hospital, Columbia, S. C., June 6, 1867.

— It is asserted that several physicians in Indianapolis, who have heretofore been considered respectable, have been arrested on the charge of procuring abortions, and warrants have also been issued for the arrest of others.

Pillory them, and cast them out!

CONTRIBUTIONS TO TOXICOLOGY.

By P. H. VANDER WEYDE, M. D.,

Late Professor of Chemistry and Toxicology in the New York Medical College.

No. 6.—Vapors of Metallic Mercury.

The injurious effects of these vapors on animal life and the symptoms produced are sufficiently known to the profession. Plants suffer by it even more than animals. The breaking of a mercurial thermometer and the spilling of the mercury on the floor of a hot-house has often caused the death of a number of plants. Some chemists in Holland experimented as early as 1797 on this subject, and proved that the fatal effects were only to be counteracted in two ways: by sulphur, which absorbs the vapors, forming a non-volatile sulphuret, and by covering the mercury by water, which prevents all evaporation entirely; in fact, water has been found impenetrable for mercurial vapors. BOUSSINGAULT has lately repeated and verified those experiments, and reported the results last May, at the French Academy. He found, however, that notwithstanding gold leaf was not visibly affected by the vapor of mercury when sulphur was present, a delicate balance showed some increase in weight. Growing plants are no preventive against the injurious effects of the vapor, as has lately been asserted. Their vitality is too rapidly interfered with, and they soon cease to absorb the vapors. Iodized silver plates attract the vapors very powerfully, provided they have been exposed to the light. When kept in the dark, they do not attract any mercurial vapor, except at a higher temperature, (150° F.,) as every daguerreotypist knows. Their action extends, however, only for a short period of time. Flowers of sulphur spread through the cracks of the floor when small globules of mercury are suspected to be present, is the best preventive against its injurious effects. It is also advisable to remove from between the cracks all the mercury that can be got at; a narrow strip of common sheet tin is the best, as every particle of mercury it touches will adhere to it, forming an amalgam of tin and mercury, from which any excess of mercury is easily removed.

The symptoms of poisoning with metallic mercurial vapors are either salivation, sore gums, and eruptions, or paralysis, giddiness, etc. The first class is easily cured by chloras potasse, gr. v. ter die. The second class (palsy) is not so easily managed; iodine and hydrated protosulphuret of iron have been recommended. Sulphur and sulphuret of potash externally and inter-

nally, in moderate doses, I found of some benefit when persevered in for some time.

CASES OF CHLOROSIS.

By JAMES B. BURNET, M. D.,

House-Physician, Bellevue Hospital, N. Y.

Case 1. Catherine Smith, 22 years of age, single, and a dressmaker by occupation. She is very pale. The inside of her eyelids and of her lips partakes of the paleness of the external surface. The pulse is quick. There is an opacity in the cornea of her right eye, and her vision is somewhat darkened, but she can see pretty well at times. She says she feels sick in her head and chest. The pain in her head has lasted for the last week; is always on the same side (the left side), and extends to the back of her neck. She cannot rest at night, on account of this pain. She had this same pain about six months ago, lasting for three weeks. Her hearing is good. Whenever she stoops to the floor, she has a swimming in her head. She also experiences a pain in the epigastrium, which comes on about two hours after eating, at which time she throws up her victuals and then feels relieved. The food thus thrown up is unchanged in its nature. Constipation troubles her greatly, and sometimes she will go a week without an evacuation from her bowels. She has never had a cough, but is troubled with shortness of breath, and both breast and limbs are affected while going up a stairway. No menses have appeared for six months, but she always has long intervals, sometimes going as long as six months without them. When she menstruates frequently, she is very ill. Once, after being absent for nine months, the menses came on and lasted for ten days, at which time she was afflicted with great pain, weakness, and faintness. There is no trouble in her skin. She perspires a good deal. Her pulse is 120, soft, full, and perfectly regular. There is no swelling of her feet. She has been engaged at sewing since she was twelve years of age, from 8, A. M., to 11, P. M., each day. She takes little, if any exercise. Her nourishment is imperfect, and her muscles soft. Over the base of the heart a loud systolic murmur is heard, which is transmitted along the arch of the aorta and its arteries in the neck.

Diagnosis. Chlorosis, and the cardiac murmur, one of mere anæmia.

Treatment. Carbonate of iron, two grains three times a day; good nourishment, and plenty of exercise in the open air. For her constipation,

one pill after each meal, of the following prescription, if necessary:

R. Ext. aloes,
Ext. hyosciami, aa ʒss.
Ext. nuc. vom., gr. vi.
Olei anisi, gtt. v. M.

Ft. pil. no. xxx.

Under this treatment, the heart murmur disappeared, and she rejoiced in a state of perfect health once more.

Case 2. Eliza Jane Young, aged 19 years, a native of New York State, single, and a paper-box maker by occupation, came into Bellevue Hospital on Oct. 4th, 1866. Of herself she gave the following history: mother died of phthisis; father is still living and healthy. She is an only child. She has always been a perfectly healthy girl up to February, 1866, when one night, while attending the wedding of a young lady friend, and without having undergone any particular previous excitement, without the slightest warning, she suddenly fell to the floor in a convulsion, and remained in an unconscious condition for three weeks. Gradually her senses returned, and then she came to Ward 21 of Bellevue Hospital, and for three weeks she was under the care of Dr. EDGERTON, one of the House Physicians. She at this time complained of a severe pain in the epigastrium, which was so intense as to altogether prevent sleep, it being worse at night. She also was afflicted with persistent vomiting, but this was cured, as was also the severe epigastric pain, by a large blister. The vomiting and localized pain have never reappeared. When she had the convulsion at the party, she does not know whether she frothed at the mouth, but her tongue and the insides of her mouth were very sore after the attack. In three weeks she left the hospital, returned to her accustomed occupation, and has remained in perfect health up to three weeks ago. Never had a cough; never spit any blood; never had any pain in her chest. Menses made their appearance for the first time when she was fourteen or fifteen years of age, and have always been regular, coming on every month, with no pain. She loses a moderate amount of blood at each period, the flow lasting for from four to seven days. She has been used to working from 7, A. M., to 6, P. M., and has been in the habit of passing many of her nights at balls, parties, and on moonlight excursions thus obtaining but little sleep. She was particularly fond of partaking of cake, pie, coffee, and tea, but seldom ate meats or vegetables. Her appetite was capricious. Three weeks ago she was obliged to relinquish her occupation on ac-

count of a violent headache, which was constant, and on account of physical weakness, which became so great that she could not walk without support, or stand without assistance. She remained in bed till she was admitted to the Hospital, and then was so weak that she had to be carried to the ward. When admitted, she presented the following appearances: Face and lips very pale; hands and feet below the temperature of the rest of the body, which was normal; pulse weak and 76 in the minute; tongue slightly coated; lungs healthy; heart apparently healthy, but its sounds were feeble; liver normal in size; head was aching violently; bowels were costive, she generally going three or four days without a passage, and sometimes two weeks. Has been troubled with constipation for a long time. Is occasionally troubled with muscæ volitantes. No prominence of the eyeballs, and no enlargement of the thyroid gland. Is not nervous.

Diagnosis. Chlorosis.

Treatment. Citrate of iron and quinine, and for her constipation pills of aloes, belladonna, and nux vomica.

Oct. 7th, 3.30, P. M. Feels much better. Headache has disappeared. Only complains of weakness.

Oct. 8th, 7, P. M. Has a chill on her. She now tells me, for the first time, that she had a chill yesterday. Has just vomited her supper.

Oct. 9th, 7.30, A. M. Feels better.

Oct. 15th. Doing very well. Appetite good, color returning.

*** In a few weeks she was discharged well.

Remarks. The functions of the body in chlorosis are performed in a pathological, and not in a physiological manner. All the secretions are imperfect. When the blood is not properly enriched, it rushes more rapidly than usual into the various organs, and this gives rise to the swimming in the head, so often complained of by these patients, when any exertion is employed. These persons are very sensitive to the cold, because the heat-making function is below the healthy standard, and on this account they need warm clothing. This disease leaves the door open for many other diseases. The gastric juice cannot be properly formed when the blood is so poor, and consequently dyspepsia is often present. There is no use for menstruation, as there is no surplus of blood to be thrown off, and amenorrhœa is the rule. The constipation in our first patient depended upon her sedentary life and bad nourishment. Men rarely have this disease. Sometimes it comes on very insidiously,

and sometimes is hereditary. Often we have to content ourselves without knowing the cause. Of course, we can hope more for a case when the cause is known. In these cases, a guarded prognosis should always be given, as the patients are particularly prone to serious disease. Typhus fever coming on in these cases is particularly fatal. In the *treatment*, our first care must be to find out what is wrong about our patient, and to correct that. These patients should be watched for many years. They should live much in the open air; eat the most nutritious articles; regulate their excreta; bathe every day in a salt bath, and rub their skin with hair-gloves. Their clothing should also be carefully attended to, and their exercise should be regulated according to their powers of endurance. Horse-back riding is generally very beneficial. Too much attention cannot be paid to these apparently little points of treatment. Some preparation of iron should be given. Of the many preparations now in use, a favorite one with Professor B. W. MCCREADY, Visiting Physician to Bellevue Hospital, is the *lactate of iron*. Some cannot take iron, and then some preparation of manganese should be given, or weak natural mineral waters. The sub-carbonate and oxide of manganese have been chiefly employed. In summer it is well for the patient to visit the mineral springs. The following is a good and simple recipe, especially for poor people, and for those living in the country.

Prescription. Take a gallon jug; put into it two handsfull of ten penny nails, and eight ounces of good cider vinegar; cover this with water, and let it stand for two days; then shake it and fill it up with water. Take with each meal, while eating, a small wineglass full, about one ounce, of this water. As the jug becomes empty, fill it up with water, shake it well, and thus it will last for some months. Organic disease of the heart is often suspected in chlorosis, as præcordial pain is almost always present, and oftentimes a cardiac murmur. As the differential diagnosis between organic and inorganic heart murmurs is a subject of very great importance, we refer the reader to the subject as treated at length in Professor AUSTIN FLINT's treatise on "Diseases of the Heart."

— DR. J. MARION SIMS, a native of South Carolina, for many years a resident of Mobile, Ala., New York city, and more recently, of Paris and London, has contributed \$1000 in gold to the destitute of his native State.

Hospital Reports.

PENNSYLVANIA HOSPITAL, }
February 13th, 1867. }

CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

Low Fever and Enlargement of Spleen.

Jas. E. K., æt. 20; admitted Feb. 9th; native of England, came to this country two months ago. Always enjoyed good health up to beginning of present attack. About two weeks before admission, he found himself getting weak, and at the end of about seven days from the time he noticed a decided falling off in general strength, he became quite sick, and was obliged to go to bed. Very soon after this a slight diarrhoea made its appearance, and there was some epistaxis. Since he has been in the hospital his mind has been rather dull, he has answered questions slowly.

Very soon after his admission, it was observed that there was tympanitis, and that the spleen was slightly enlarged, but there was no pain on pressure on any part of the abdomen. On the 10th inst., his pulse was 104, respirations 32, evening temperature 102½, in the left axilla, and he had a slight cough. He has remained very much in this condition ever since. His expression is fixed and vacant. If asked a question, he will answer, and then relapse into the same vacant stare. He has no headache; pupils about normal. His mind cannot be said to be now very dull, though it is somewhat sluggish. When spoken to, he at once seizes hold of the idea desired to be conveyed to his mind, and answers more quickly than is usually the case in low fevers. Tongue dry, and coated in the centre with brownish coat. It is protruded tremulously, thus indicating deficient nerve-force. He has sordes on the gums, more marked on the lower than the upper.

To-day his pulse is very much less frequent than yesterday, being only 84. It was 104 when he was first admitted. This change has not been produced suddenly. From the 10th inst. to the present time the reduction has been gradual. Respirations now 30. This frequency of the respiration, as compared with the pulse, indicates that there is something more than the accelerated respiration which could occur in a fever or with an otherwise quickened pulse. The local cause is found on examining the chest. Although the lungs sound anteriorly clear, there is impaired resonance on percussion at the back of the right lung, with feeble breathing and some rales; in other words, there is considerable pulmonary congestion without pulmonary inflammation. If there were distinct inflammation, instead of feeble murmur there would be a harsh, well developed, or bronchial sound. The heart sounds are feeble, but not otherwise abnormal.

On examining the abdominal symptoms, that which is first noticed is that the belly is rather distended. It is not a high degree of tympanitis, but still it is sufficiently marked to be noted as such. The dulness on the left side, so evident, is

clearly due to enlargement of the spleen, which is very much increased in size in the direction of the longitudinal diameter, the dulness on percussion reaching the very lowest portion of the abdomen. There are some spots very profusely scattered over the chest and abdomen, which disappear on pressure. Some are also perceived on the thighs. They are rather coarser than the typical typhoid fever spots, and more diffused, resembling them, however, in being isolated, disappearing on pressure, and in being most plentiful on the chest and abdomen. Deep pressure produces some pain in the right iliac fossa, still it is not a marked symptom of the case. He has had, off and on, slight diarrhoea.

This is a case of low fever, rather peculiar in the coarseness of the eruption, and thus kindred to some cases of typhus we encounter. It is, however, more particularly interesting on account of the very marked enlargement of the spleen which is present. There is but a small amount of enteric disease, as is shown by the comparatively little diarrhoea and the want of activity in the intestinal symptoms. It would seem as if the poison had directed itself more to the blood, had led to congestion of the lungs, and had kept comparatively clear of the brain and intestinal tract.

In treatment, this man has been sustained, but not stimulated. The difference is an important one. It is well to sustain a fever, but, I think, bad practice to stimulate too early. The danger at the present day is of running into the extreme of giving stimulants before they are indicated. So long as the pulse is steady or decreasing rather than increasing in frequency, there is no necessity for any marked stimulation. This patient has had plenty of milk and beef-tea, but only a very moderate amount of stimulus. A little milk-punch was given him when he came in, but it has not formed any marked feature of the treatment. If debility should come on, if the pulse should become more frequent and feeble, then resort will be had to stimulants.

The patient has been taking eight grains of quinia daily, with five drops of nitro-muriatic acid four times a day. In low fever, the mineral acids are not only grateful to the patient, but they tend to restrain diarrhoea and aid the digestion of food.

In this case the pulmonary congestion forms too strong an element to be overlooked. Turpentine stupes and dry cups have been employed at the back of the lungs.

The prognosis is favorable. Yet sometimes cases of typhoid fever with slight abdominal symptoms go on to perforation. In the extent of the eruption there is an unfavorable element, showing, as it does, that the blood is extensively implicated. Still, striking the balance, the man will probably steadily, though slowly, convalesce.

General Dropsy connected with Disease of the Pericardium.

Patrick H., æt. 27. Admitted into the hospital October 23d, with the history that he had always enjoyed perfect health until the previous June. While then engaged in stone quarrying, he was seized with an acute pain in the right

side and front of his chest, associated with difficulty in breathing. He continued to work, however, until one week before admission, in spite of the dyspnea and pain at the lower portion of both sides of his chest. When he came into the hospital, it was found, on inquiry, that some time previous to his admission, he had cedema of the feet, which was in truth but part of general cedema, for portions of his lower limbs were swollen, and there was puffiness of the face. There were also found evidences of fluid in the abdominal cavity, and of double hydrothorax. What troubled the man most was the great difficulty of breathing and frequent hacking cough. Venous congestion of the entire surface was also perceptible. Pulse was very infrequent, bowels inclined to be constipated, urine contained no albumen at that time, nor has it up to to-day. There is no history of intemperance, no signs of hepatic disease, nor any evidences of tubercular history.

He has remained much in the condition described, excepting that it has been noticed lately that he has had rather less dyspnea, and his feet have been on the whole less swollen. His lips are bluish, and he still says that the symptom which most troubles him is the difficulty of breathing. As a rule, he is found propped up in bed, being unable to lie down. Respiration 32, in the erect posture, and pulse 132 and feeble in character. Cedema of the leg still persists, ascites now is very marked indeed, even more so than it has been for a month and a half, but there is no pain on pressure. Liver dulness is not increased, indeed the dulness of the liver barely extends to the lower ribs. Splenic dulness marked, but as it does not extend below the ribs, it cannot be said to be distinctly increased. There is a very peculiar kind of dulness over the cardiac region; it is pyramidal in shape, and significant of fluid in the pericardium. The impulse beat is very feeble and indistinct, and is noticed one inch below the nipple, and not at the lower portion of the dulness, the heart is, therefore, rather tilted upward. Auscultation shows the heart sounds to be extremely feeble at the lower portion of the cardiac region, but quite distinct at the base of the heart. This association of physical signs leaves no doubt as to the existence of pericardial effusion. The peculiar kind of dulness—narrow above, broad below, the apex beat, not at the lower portion of the dulness, but even higher up than is perceived in the natural condition, the feeble character of the impulse, the feebleness of the heart sounds below, and their distinctness above, where the fluid is not present, all point to pericardial effusion. There was at one time, and there is still considerable pleural effusion, particularly on the right side. The posterior portion of the chest is distinctly resonant at the upper portion, but becomes flat on approaching a level with the angle of the scapulae, where there is an effusion in both pleural sacs. The vocal fremitus is absent on the right side, almost absent on the left, and the voice is very indistinctly transmitted to the ear, while the respirations are feeble, almost absent—the evidence of hydrothorax in both pleural sacs. Thus the case is seen to be one of pericardial

effusion, double pleuritic effusion, ascites, and cedema of the legs.

The patient is now taking compound spirits of juniper and a mixture containing tincture of the chloride of iron and solution of acetate of ammonia. His bowels are kept soluble by compound jalap powder, and nearly every evening dry cups are applied over his kidneys.

Medical Societies.

BALTIMORE MEDICAL ASSOCIATION.

Meeting of April 29th, 1867.

Reported by J. W. P. Bates, M. D.

Bromide of Potassium—Continued.

Dr. ARNOLD. It is well known that this has been used in place of the iodide, and many therapeutical writers propose it as a substitute. It produced good effects in tertiary syphilis. It had been given in very large doses and for a long time, and it is strange that its anodyne and sedative effects were not noticed. It is somewhat difficult to classify this remedy. The physicians in La Pitié found that they had to give it in large doses and for a considerable time, to produce its physiological effects, yet now the journals tell us a few grains will produce sleep. I still believe its effects are the same as the iodide. I have not found the least anodyne effects. I have given it in asthma and whooping-cough; no good effect from it in the first, but in the last, I think it gave some relief.

Dr. KINMEMON. The same discrepancies exist in regard to this remedy that are found in regard to the use of nearly every article of the materia medica. Some say it is almost a specific in epilepsy. We must know the pathology of this disease before we can learn anything in regard to its treatment. It has been used in hysteria, and even expected to cure when there is disease of the uterus.

Dr. JONES. I referred, at the last meeting, to two cases of spasm of the glottis; both were completely relieved. I think the spasm was dependent upon some irritation seated in the spine, and probably pressure on the laryngeal nerve. I have found this remedy a good one in the treatment of whooping-cough. I think it is an arterial sedative.

Dr. HELSBY. One point I would like to call attention to. We have had numerous cases related, but there has been no explanation of its action. Is it an arterial sedative, like tartar emetic or veratrum viride? I would like to hear something about its mode of action.

Dr. FAY. A gentleman connected with the New York Institute for Idiotic Children, told me that it has been used with good effect in that institution, as also in insane asylums. I would ask Dr. TANNEYHILL whether it has been used in the Maryland Hospital.

Dr. TANNEYHILL. It has been used extensively at the hospital, but there is some empiricism in our use of it. We have about seventy cases of

epilepsy in that institution, in six cases of which I kept notes. I can say the disease was kept in check in four, and they had no convulsions or other symptoms of epilepsy. In twelve cases of masturbation, ten were cured so far as they can be cured by medicine. It entirely unsexed them. We use grs. x. ter die, and after the subsidence of the paroxysms, use it in gr. iiss. ter die, as a prophylactic. In general insanity, characterized by high maniacal action, we had some little success. No success with it in delirium tremens.

Dr. ARNOLD. Dr. TANNEYHILL's experience in the hospital corroborates my experience in private practice. With regard to its effects on the genital organs, they coincide with those of iodide of potassium, and it seems to me to be a kindred medicine. In regard to the theory of its action, facts at the bedside go before theory. TROUSSEAU classes angina pectoris, laryngismus stridulus, asthma, certain cases of gastralgia, hysteria, and epilepsy in the same genus. Drs. RADCLIFFE and JONES give a number of these cases, which seem to be different species of the same genus and mutually interchangeable. I have never seen any of the sedative action of this drug on the heart. Of the large number of drugs administered empirically, theories have had their day of fashion. As our knowledge advanced, these theories have been changed. In the use of remedies we are bound to rely entirely on their clinical histories. Who can tell the action of calomel, iodide of potassium, quinia, etc.? If we relied less on theory, and more on rational empiricism, we would do much better. The chemical remedies and hypophosphites have left us in the lurch. The system is not merely a chemical laboratory, but it is that *plus* something more.

Dr. JONES. It is hard to find out the action of any medicine. I used this in a case of bronchitis, with flushed face and palpitation of the heart, which subsided very soon afterward, and therefore I reasoned that it acted on the heart and arteries. It does not depress like tartar emetic.

Dr. HARTMAN. Dr. BROWN-SÉQUARD did not attempt to give its mode of action. It has been recommended in the newspapers as a corrective of blood poisons, as scarlatina, diphtheria, etc., but I doubt its applicability.

Dr. TANNEYHILL. There was a case of hydrophobia, occurring in Indiana, which was reported as having been cured by the bromide. As I happened to be in that State at the time, I went to the town where it occurred, and I can positively say that the patient was not cured, but died a day or two afterward.

Dr. WILLIAMS. We cannot explain the *modus operandi* of any medicine. We can ascertain the organs and tissues upon which it acts. We can put this under the head of nervines, because its effects are felt principally on the nervous system. Whenever we have any organic lesion, it has no beneficial effect. It is good in functional nervous diseases from any cause. In epilepsy it cures when not dependent upon organic lesion. Good in whooping-cough and spasmodic croup. Is it sedative, tonic, or stimulant? When we settle this question we can classify it. Sedative and

stimulant are relative terms, as sometimes the same medicine will act one way, and sometimes the other. It will either excite or depress, according to the condition of the nervous system. How else can we explain the action of coffee, which at one time will produce insomnia, and at others act as a corrector of alcoholism? I think this is a nervous tonic. Almost every case is improved in the general symptoms, as appetite, strength, etc. I cannot consider it a sedative, for it is valueless in inflammation, except when there are nervous symptoms to be relieved.

Dr. HELSBY. There is a striking analogy between the action of this drug and digitalis. The latter was formerly considered a sedative, but now it is called a tonic to the heart. It would be interesting to inquire whether the action would not be the same in hysteria, and whether it is not a vasa-motor stimulant, the same as bromide of potassium.

EDITORIAL DEPARTMENT.

Reviews and Book Notices.

NOTES ON BOOKS.

We have just received from FERDINAND ENKE, in Erlangen, the fifth number of the first part of the fifth volume of the *Handbuch der Speciellen Pathologie und Therapie*, edited by Professor VIRCHOW. Few American readers are aware of the completeness and value of this truly national work. It is intended to embrace the entire field of practical medicine, and to be composed of a series of monographs by the most celebrated clinical teachers of Germany, the whole to be arranged and published under the supervision of the distinguished VIRCHOW. The first volume appeared in 1854, and the conclusion is still at a distance. A mere enumeration of the writers and the topics already treated of will illustrate its high character. The first volume contains an introductory treatise, by Professor VIRCHOW, on the General Disturbances of the Nutrition and the Blood, and monographs, by Dr. VOGEL of Halle, and STIEBEL, of Frankfurt, on the blood disorders (gout, rheumatism, pyæmia, rachitis, scurvy, etc.) In the second volume the important clinical poisons and contagions (lead, mercurial, arsenical, alcoholic poisoning, hydrophobia, syphilis, gonorrhœa, etc.) are discussed by Professors FOLCK, VIRCHOW, and SIMON; and malaria, yellow fever, typhus, cholera, etc., by GRIESINGER, of Tübingen. The famous HERRA, of Vienna, occupies the whole of the third volume with his treatise on the Acute Exanthemata and Diseases of the Skin. Professor HASSE, of Heidelberg, contributes to the remaining volumes an

admirable portion on Diseases of the Nervous System; Professor WENTRICH, of Erlangen, writes on Diseases of the Respiratory Organs; Professor FRIEDREICH, on Diseases of the Larynx and Trachea; Professor LEBERT, on Diseases of the Blood, and Lymph-Vessels; Professor BIERMER, on Diseases of the Bronchia and the Parenchyma of the Lungs; Professor BAMBERGER, on Diseases of the Chylopoietic Viscera; and PITHA and VEIT on the Diseases of the Genito-urinary Organs. Every topic is treated in the most complete manner, and each article is preceded by an exhaustive bibliography of the subject to be discussed. The therapeutical indications are most judicious and rational, and we cannot too urgently commend this great work to the profession in America, to that portion of it at least conversant with the German language. The same publisher issues a Handbook of Surgery, on the same plan, under the editorial supervision of Professors PITHA, of Vienna, and BILLROTH, of Zürich.

The later medical publications in France, which have appeared, are Dr. S. GUIRETTE's "Cure of Tubercular Pulmonary Phthisis by Pulmonary Gymnastics;" J. H. MAGNE's "Report on the Progress of Veterinary Medicine during the last Twenty-five Years," a valuable report, prepared by order of the French government; Dr. DE MONFUMAT's "Studies on Polypi of the Uterus," and Dr. M. MARTIN's "Lessons on Paracentesis Thoracis," comprising clinical lectures on this operation delivered at the Hôpital Beaujon.

In Great Britain there have recently been issued Dr. Fox's "Diagnosis and Treatment of Dyspepsia," the 45th volume of Dr. RANKING's "Abstract," and a Supplement to Dr. JACKSON's *Materia Medica*.

The American Medical press is rather dull. Dr. HENRY MAUDSLEY's "Physiology and Pathology of the Mind" has appeared in New York City, and of announcements we may specify as of professional interest Dr. R. BARTHOLOW's "Principles and Practice of Disinfection," and two little books by Dr. P. H. CHAYASSE, entitled "Advice to a Wife on the Management of her own Health," and "Advice to a Mother on the Management of her own Children."

The first number of the "Quarterly Journal of Psychological Medicine and Medical Jurisprudence" has come to hand. It is edited by Dr. W. A. HAMMOND, and is in clear type on excellent paper, containing 160 pages. Price five dollars a year. It contains three original articles, all written by the editor, one on Instinct, a second on MERLIN and his Influence on English Character and Literature, and a third on Organic Infantile

Paralysis. It may be asked what MERLIN has to do with psychological or forensic medicine. We confess to some hesitation in replying. If that personage is introduced either as an example of the effects of mental disease on the individual (Dr. HAMMOND thinks he had cataleptic seizures!) or as an illustration of the power a mythical history exerted on English national psychology, we consider the choice unfortunate. Apparently following HERSART DE LA VILLEMARQUÉ, the writer distinguishes the mythical MERLIN from the real (historic) MERLIN. But in fact the whole story of King ARTHUR, his court, and his court bard, belongs rather to mythology than history. The Dialogue with his sister, quoted by Dr. HAMMOND as authentic, has been rejected as false by SHARON TURNER and most other critics, ARTHUR himself was but a Welsh subaltern from the coast of Cornwall, and as historic incidents all that has been said and sung of him by so many bards is based on the flimsiest of foundations. Only as a pure mythus does his story deserve attention, and even in this light it is not the best nor the most illustrative example. The selections are chiefly from the English journals, one of them on the Aberrations of the Sexual Instinct, full of illustrations derogatory to American life, drawn from W. H. DIXON's "New America," a book scandalously false in inferences, if not in facts. What will the "true hearted band of female physicians" say, when they read in this article that all their devotion to the healing art is but one of the many aberrations of their sexual instincts?

The Land of Thor. By J. ROSS BROWNE. Illustrated by the Author. N. Y.: Harper & Bros. 1867. 1 vol. 8vo. pp. 542. Price, \$2.00.

These entertaining travels in the far north, in Russia, Finland, Norway, and Iceland, are delightful reading. The sketches are humorous to a degree, and those of natural scenery and localities, correct and vivid. In a very pleasant manner much real and satisfactory information is conveyed to the readers, and none will regret the money invested for the purchase of the volume. We predict for it a wide circulation.

An Elementary Treatise on American Grape Culture and Wine making. By PETER B. MEAD. Illustrated with nearly 200 engravings drawn from nature. N. Y.: Harper & Bros. 1867. 1 vol. pp. 483.

We gladly welcome this eminently practical book on a branch of agriculture destined to be of great importance in our country's future. The topic is one in which our profession has a double interest, both as custodians of public health, and in a certain sense of public morals. *Pure wines*

are a standing desideratum. The author treats of planting, training, and propagating the vine, and of the diseases and insects to which it is exposed, while the art of wine making is discussed in a lucid and instructive chapter at the close. Of all the American wine grapes the Iona is given the pre-eminence, and after it in their order the Delaware and the Diana. We recommend the work as the best that has appeared on the subject, and indispensable to the American vinedresser.

Essentials of the Principles and Practice of Medicine. A Handy-Book for Students and Practitioners. By HENRY HARTSHORNE, M.D., Professor of Hygiene in the University of Pennsylvania; formerly Professor of Practice of Medicine in the Med. Dep. of Penn. College, etc. etc. Phila.: H. C. LEA. 1867. 1 vol. 8vo. pp. 417. Price, cloth \$3.00, hlf. bd. \$3.25.

In a previous number of the REPORTER we have already adverted to this excellent little synopsis of Practice. None better is in the market, and every student who proposes attending lectures next winter will do well to provide himself with a copy. The busy practitioner, too, will find it a valuable *vade mecum*, containing many a hint and suggestion derived from a wide experience, and careful study of medicine.

We have, however, noted a few errors in looking over its pages, such, perhaps, as are unavoidable in a work of such scope and such succinctness, some of which, though not detracting much from its general usefulness, it seems proper to point out. One of these is the character given to PARACELSUS in the introduction. He is styled "the arch-quack," and is yoked with "CAGLIOTRO and the old women." Nothing could be further from the truth. PARACELSUS was to medicine what his cotemporary LUTHER was to theology, what DES CARTES was to philosophy,—the great reformer, who amid the howls, and sneers, and revilings of rivals, broke the shackles of tradition and authorities that had debased medical science to ignorant, unreasoning routine. He it is, to whom is due the honor of starting it on that brilliant career which it still pursues, and it grieves us to hear the calumnies of his enemies, long since triumphantly refuted by HAESEN, MARX, and others, repeated to new generations of students.

In the varieties of asthma (p. 130), the author includes the disease sometimes called *hay-asthma*, but the incorrectness of this term was pointed out by Dr. PRÆBUS in his monograph on that complaint, published in 1862. In *summer catarrh*, as it was first named, asthma is only one of half a dozen groups of symptoms, is not the most

prominent, and in fact is often entirely wanting. The appellation is a misnomer, and the complaint should be treated of separately.

On page 258 the grammatical slip "mumps is contagious" occurs, and later in the book, in the treatment of burns and scalds, no mention is made of the topical application of nitrate of silver, which has been so successful in various cases in the English hospitals. We have been well pleased with the accuracy in the proof reading, with the 243 judicious formulæ appended, and with the completeness of the index, points readily appreciated by all readers.

The Last Chronicle of Barset. By ANTHONY TROLLOPE. With illustrations by GEORGE H. THOMAS. N. Y.: HARPER & BROS. 1867. 1 vol. 8vo. cloth \$2.00, paper \$1.50.

Raymond's Heroine. A Novel. N. Y.: HARPER & BROS. 1867. 1 vol. 8vo., paper, 50 cts.

These two works of fiction included in HARPER'S Library of Select Novels, are above the average of their class. Mr. TROLLOPE has surpassed himself in some of the scenes in the Chronicle, and the cuts which are interspersed are very creditable. The latter is a late English production, published anonymously, and has received the highest encomiums from the London press. They are both unexceptionable in their moral tone.

The Mecca Pilgrims.

The pilgrims of Mecca have so much to do with the occasional introduction of cholera into Europe, that we are accustomed to watch their movements with some interest and no little anxiety. It is, therefore, satisfactory to learn that this year the pilgrimage has been attended with more favorable results than usual. Intelligence from Suez states that 8,847 pilgrims had arrived, and that, owing to extreme sanitary measures, not a single death had occurred. The pilgrims from Jerusalem are returning, a Russian steamer, the Vladimir, having brought no fewer than 850 to Constantinople.

A Curious Chemical Observation.

BEQUEREL, senior, has found that chemical decomposition and combination take place actively and with peculiar results, between two solutions connected by an inappreciable fissure, or water-tight joint. A tube with such a fissure in its bottom, being filled with a solution of nitrate of copper, none of the liquid pours mechanically; but on immersing the bottom of the tube in liquid proto-sulphuret of sodium, an electrical action takes place, and a double decomposition and re-composition ensues, indicated by the appearance of crystals on both sides of the fissure, which are not always of the nature required by theory, but are modified by the capillary action of the surfaces.

Medical and Surgical Reporter.

PHILADELPHIA, JULY 27, 1867.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

THE SEWERAGE OF OUR CITIES.

In a recent communication to the Mayor of New Orleans, Gen. BUTLER speaks of the advantages that city presents over most other cities in possessing a thorough system of surface drainage without being exposed to the evils resulting from drains and sewers "where filthy water, more or less stagnant, engenders gases which poison the air through the cesspools."

This is a very important consideration, and does not meet with the attention at the hands of our municipal authorities that its bearing on the sanitary condition of our towns and cities would seem to demand.

We know of no city in this country that possesses a properly constructed underground sewerage. Our sewers are generally small, badly constructed, and give out foul emanations at every street corner. A few years ago a portion of this city was rendered almost uninhabitable for a time by these disagreeable and unhealthy emanations. Aside from this faulty construction of our sewers also, the ground of all our towns and cities becomes saturated with the foul contents of the numerous privy wells that are not connected with the sewers, and the want of a system of public urinals, creates innumerable foci of deleterious emanations from every lane, alley, and quasi retired spot in the vicinity of our most frequented thoroughfares and popular promenades. To say nothing of the demoralizing influences of the exposure, and of the suggestive placard with which the eyes of the most refined and delicate are unfortunately too familiar, "Commit no nuisance here,"—the emanations from these foul spots, and the diffusion of unhealthy gases through the soil, from privy wells and other sources, must be anything but advantageous to the health of the community.

As an illustration of the evils liable to result from the permeation of the soil with the contents of privy wells, we would mention a circumstance that the late Prof. CHAPMAN was wont to relate to the class with much zest, when speaking in his lectures of some of the popular fallacies connected with the therapeutic action of mineral waters. At the corner of Sixth and Chestnut streets, was located a town pump for the accommodation of the residents in the immediate neigh-

borhood. In course of time it came to be known that the water from this pump had a peculiar sulphury odor and taste, and it became the resort of persons from all parts of the city, who desired to avail themselves of its healing properties. Domestic utensils of all kinds, shapes, and forms, were brought into requisition to carry home a supply in order to obtain the largest possible benefit from the use of the water from this fountain of hygieia. The neighbors were much annoyed by these continual draughts from their water supply, as the well was frequently pumped dry, and they were left without a sufficiency for household purposes. Luckily for them, however, but unluckily for the health seekers, some needed repairs to the pump or well, revealed the fact that the strong sulphurous odor and taste of the water was due entirely to the fact that the contents of neighboring privies were oozing through the walls into the well! The reactionary effect may better be imagined than described.

To be effective, our sewerage system needs great modification and improvement. It should be on a vast scale like that of London, and particularly Paris, where the main sewers constitute immense subterranean avenues, which are kept scrupulously clean, being frequently white-washed—and through which an army might pass from one section of the city to another. All the sewers of a city, whether large or small, should be kept perfectly clean, be well ventilated through elevated shafts, and there should be in them a free use made of lime and of disinfectants. Moreover, there should be thorough house-to-house inspection of drains, privy-wells, and cesspools, and the authorities should *know* that they all have a direct connection with a sewer, and that excreta are not allowed to accumulate in them, and permeate the soil and poison the atmosphere.

Which of our large cities will take the initiative in this matter of adopting and enforcing a thoroughly practical and useful system of sewerage?

SURGEONS ON RAILWAYS.

We are glad to observe that there is progress in the development of the idea so persistently and ably advocated for several years past, by Dr. EDMUND S. F. ARNOLD, of Yonkers, N. Y., of the appointment of surgeons by railway companies, whose special duty it will be to attend promptly and faithfully to all persons who may be injured on or by cars. The railways centering at Pittsburgh, in this State, have adopted this plan, as, we believe, a number of others have done.

Notes and Comments.

The British Medical Journal.

This, one of our most valued exchanges, begins a new volume with the number for July 6th, and is enlarged and improved in typographical appearance. Indeed, its typography is a model of good taste. The *Journal* is the organ of the British Medical Association, and the medium through which some of the best medical minds of Great Britain communicate with the profession. It should be extensively circulated in this country.

LL.D.

In alluding to this honorary degree, a correspondent has mentioned the name of our fellow townsman, B. FRANK PALMER, the inventor of the celebrated PALMER Limbs. The degree was conferred on Dr. PALMER by a respectable University, and we see no reason why he should not accept the compliment, and use the title. It must not be forgotten that a man may become sufficiently versed in the laws of nature, as well as in dry legal lore, to entitle him to the honor of the LL.D.

A Poet made by Cholera!

It is among the possibilities, we suppose, that cholera may, in some mysterious manner improve the intellect. Apropos—*Le Monde* relates that a working man, well advanced in years, had a violent attack of cholera in 1865. Up to this moment he had certainly never manifested any literary ability, but after his recovery, he commenced to write poetry, and has already published quite a volume of poems. It appears, therefore, that poets may sometimes be made—by an attack of cholera, yet it is evident that there are many *soi disant* poets who might be recommended to put themselves in the way of a cholera epidemic, which, if it did not make good poets of them, might possibly unmake some poor ones!

The Plague.

The *Levant Herald*, of a recent date, says: "The telegraph sends evil news from Bagdad. What is declared to be the veritable Asiatic plague has appeared at Kerbelah, on the Euphrates, and of the two settled Arab tribes, 1000 strong, whom it has attacked, a hundred have been carried off. A telegraphic report, dated June 4, from the quarantine inspector at Bagdad, states that whatever may be the real character of the malady, its symptoms are clearly those of the pest—typhus fever, glandular swellings, carbuncles, and livid spots on the skin. The inducing causes of the outbreak are supposed to have been

the miasma following the late floods, the poverty, filth, and crowded state in which the people live. Prompt measures have been taken by the Bagdad authorities to prevent the spread of the malady, and, thanks to these and the heat of the weather, the outbreak is said to be already subsiding."

For some months past, we have had accounts of a disease which is prevailing in Dublin and its vicinity, which has some of the characteristics of the plague, and which has caused much uneasiness.

Correspondence.

FOREIGN.

LETTER FROM EDINBURGH.

EDINBURGH, Scotland, July 8, 1867.

EDITORS MED. AND SURG. REPORTER:

Since I wrote to you from Glasgow, so many medical and surgical matters, comparatively new, have presented themselves to me, that I find it difficult to select any one subject, medical or surgical.

I have therefore concluded to give you a short account of the most important, including the treatment of *Acute Rheumatism*, by Prof. LEISHMAN, of Glasgow; of *Tetanus*, by Prof. WATSON, also of Glasgow; and the *Progress* here of *Acupressure*, first suggested, as you are aware, about seven years since, by Sir JAMES SIMPSON, of Edinburgh, and in the order in which I have named them; simply premising, that all I said in my last, on the *Use of Carbolic Acid in Surgery*, is more than substantiated here by the high testimony of Professors SYME, WATSON, and others of Edinburgh.

Acute Rheumatism.

Prof. WILLIAM LEISHMAN, of ANDERSON'S University, and Physician to the Glasgow Royal Infirmary, showed me a case of acute rheumatism treated by him in the Royal Infirmary, by *blisters*, ten inches square, on each side of the chest, and also gave me an account of twelve other cases treated by him in the same manner, without medicines of any kind.

He stated to me, that having previously tried the method of treating such cases, suggested by Dr. DAVIES, of London, consisting mainly in blistering the affected joints, on the principle of "local elimination," he resolved, as the heart and other vital organs are so liable to become involved, to apply his blisters *on each side of the chest*, back of the nipples, usually ten inches square, or a little larger.

The results he hoped to gain, and which he thinks he has realized, are: a "fall of the temperature of the body; a diminution in the frequency, and an improvement in the character of the pulse; an altered reaction of the urine; and an early convalescence;" at the same time affording a very strong security against cardiac complications. In the treatment of the twelve cases referred to, he omitted medicines entirely, in order to be certain that the blisters were the efficient cause of the improvement and early convalescence. He thinks, however, that a combination of proper internal remedies, such as are ordinarily used, with the blisters, may finally prove the most successful treatment. And he also believes, from the result of his cases, that such a course of treatment will cut short acute rheumatism to about one-third of its usual duration, and at the same time offers a very great protection to the heart and other vital organs.

Prof. LEISHMAN is a medical gentleman of high standing, having published, among other things, a popular work on the "Mechanism of Parturition." And his experiments were instituted, not to substantiate any particular theory, but simply to ascertain the best mode of treatment for this very unpleasant, and, on account of its cardiac complications, too often dangerous disease. I may also add, that the cases I saw, fully corroborate his statements in relation to the others reported by him. And I can readily see how, with my view of rheumatism, blisters to the chest, as made by Prof. LEISHMAN, may also aid in the cure, by causing a removal of the cerebro-spinal congestion and irritation, as a blister to the epigastrium is well known to do in cerebral congestion and irritation.

Tetanus.

Prof. EBER WATSON, also of Glasgow, and Physician to the Royal Infirmary, has recently treated three cases of *tetanus* by the *calabar bean*; all successfully, one of which I saw, a boy about twelve years old, I should judge.

The dose of the bean, in substance, is one grain for an adult; of the tincture made from four ounces of the bean in fine powder to eight ounces of alcohol, it is twenty drops. I believe, however, that Prof. WATSON used the *extract*, rubbed up with a little water so as to dissolve it, to which was added sufficient alcohol to make a tincture. To three grains of the extract, thus dissolved, sufficient alcohol is added to make an ounce. Of this, twenty drops may be given to an adult every hour, and in obstinate cases every half-hour, watching carefully lest its poisonous effects be produced: Prof. WATSON is a medical

gentleman of high standing; and I can only add that the case I saw fully justified the course of treatment pursued. It had been tried, however, as I ascertained, in the Royal Infirmary of Edinburgh, with less satisfactory results.

I may also add here, that Dr. GEORGE RAINY, of the Glasgow Eye Infirmary, and partner of the celebrated Dr. W. MACKENZIE, uses a similar preparation of the calabar bean to contract the pupil when that is required. It is applied to the eye by means of a brush.

Progress of Acupressure.

Notwithstanding the opposition to *acupressure* from various quarters, since its introduction by Sir J. G. SIMPSON, Bart., M. D., D. C. L., of Edinburgh, about seven years since, I believe, from all I can learn here, that this method of arresting hæmorrhage is becoming more generally approved, and it appears to me justly so.

When it is remembered that the same or a similar opposition followed the suggestion of AMBROSE PARÉ, three hundred years ago, in relation to the substitution of the *ligature* for the *hot iron*, it is not strange that a slight opposition should thus have arisen to *acupressure*; especially as being a new process, it is very likely that it may have often been illy done, even by good surgeons; and if so, how must it have been with those less skilled? Thus, doubtless, in many cases causing the failures that have followed.

Sir JAMES SIMPSON claims, as is well known, that *acupressure* will "yet be found the *quickest* and *easiest* mode of arresting surgical hæmorrhage," and that its use "would *accelerate* the healing of wounds."

That it is the *quickest* and *easiest* mode, in skilful hands, I am fully satisfied, whatever may be the opinion of others; and besides, while the ligature generally requires two persons for its application, no assistant is necessary for *acupressure*. The reason why Sir JAMES believes that it *accelerates the healing of wounds* is the facility with which the needles are removed at an early period, without the necessity of suppuration of the ends of the arteries, as must occur when the ligature is applied, before its removal, as is evident. Sir JAMES has an account of one hundred and thirty-seven examples of the application of *acupressure* successfully, in major operations, by Professor PIRRIE, of Aberdeen University, of recent date. In about one-half of these cases, according to the account, union has taken place by adhesion, unattended "by a single drop of pus."

I saw a case in the Royal Infirmary of Glasgow, in which *acupressure* had been applied suc-

cessfully in an amputation at the shoulder-joint, by Prof. GEORGE BUCHANNAN, of ANDERSON'S University, and Surgeon to the Royal Infirmary. I also saw it applied by the same gentleman, in an amputation at the knee-joint, or rather a little above, as the condyles of the femur were taken off. He thinks favorably of this mode of arresting hemorrhage, and so do many other eminent surgeons in Edinburgh and Glasgow, with whom I have conversed. And in relation to the high authority of Sir JAMES SIMPSON, I will remark, that highly as he is appreciated in Europe, America, and, in fact, every part of the world, I am convinced, after a transient stay in Edinburgh, during which time I have conversed with him freely on this and other topics of medical, surgical, and obstetrical interest, and have had access to his patients, both in his house and about the city, witnessing his examinations and hearing his prescriptions, that the opinions of Sir JAMES SIMPSON are far from being over-estimated anywhere. In fact, I am compelled to regard him, as well as Professors SYME and BENNETT, of Edinburgh, all of whom have treated me with the greatest politeness, kindness, and hospitality, as among the noblest specimens of humanity, an ornament to our noble profession, of whom it may even be a virtue to be proud.

I will only add, that I have explained, as I intended, to Sir JAMES SIMPSON the process by which I succeeded in successfully changing a *shoulder* into a *natural presentation*, an account of which I left with you for publication just before I sailed for Europe; and am happy to be able to say that it meets his high approval. I refer to the availability of the *position* suggested by Prof. T. G. THOMAS, of New York, for a reduction or replacement of prolapsed cords in changing a shoulder into a natural presentation, first resorted to, as I believe, by myself, in the cases referred to in the paper I left with you. Sir JAMES remarked that it was something near what he had thought of, but added, that I was *ahead of them* "in putting it in practice." He encouraged me to present it to the Medical Congress in Paris, and authorized me to say that it has his highest approval. He resorts to that position for replacement of the cord, but condemns the external manipulation as often suggested for changing presentations, on account of the difficulty or impossibility of it, and also the liability of producing hemorrhage by detaching the placenta, should the cord be about the neck, objections that do not lie against my mode of changing shoulder into natural presentations, as he remarked.

Finally, I cannot well close this communication without referring to the satisfaction I felt on discovering, both in the Royal Infirmary of Edinburgh and also in CHALMER'S Hospital here, that what they call the "American mode" of extension in fractures, first put in practice, I believe, by Dr. SWINBURNE,* of New York, is not only adopted, but highly approved. The foot of the bed is raised, in fractures of the thigh, and so a foot-board of light pine, to which either a bandage or adhesive plaster from the limb is attached, a cord passing over a pulley suspending a weight making the extension; while the *position* serves for counter-extension, according to Dr. SWINBURNE'S plan. Professor WATSON, Surgeon to the Royal Infirmary, and also CHALMER'S Hospital, spoke of it to me in the highest terms. I pass on to-day to London, and should anything of interest, that is new and profitable, be presented to me, I will communicate it in accordance with my agreement to do so.

EDWIN R. MAXSON, M. D.

DOMESTIC.

Commencement in the Medical Department of Vermont University.

BURLINGTON, VT.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

The ceremonies attending the annual commencement in the medical department of Vermont University the present year, were more than usually imposing and interesting. The meeting of the State Medical Society had been arranged with reference to the close of the Lecture term in the College, and the regular profession of the State was therefore largely represented, and participated in the proceedings.

At 8 o'clock, P. M., the procession, consisting of the medical faculty and students, and members of the Vermont Medical Society, after making a short march through the principal streets of the city, headed by an excellent band of music, entered the capacious City Hall, where a full and intelligent audience of citizens had assembled. The President and Faculty of the College, the officers of the Vermont Medical Society, and the Graduating class, occupied the platform. After an appropriate prayer by the Rev. A. J. WILLAN, of Burlington, the degree of M. D., was duly conferred upon the following gentlemen, who, we are informed, passed the rigid, critical, and thorough examination required by the College, with

[* Our correspondent might have added, "And first published in the MEDICAL AND SURGICAL REPORTER."—Eds.]

great credit to themselves, and with honor to their instructors:

C. L. Allen, Vermont; Stephen Bertrand, New York; Dudley Chase Blodget, Wisconsin; Juan Fernando Caslow, Pennsylvania; G. B. Cochrane, Vermont; Arthur John Darrab, Vermont; James Arthur Dow, New Hampshire; Charles Lovejoy Erwin, Silas Eaton Farnsworth, J. J. Hazen, Nelson Moore Harris, James Lewis, H. A. Martin, and Dudley Palmer, Vermont; B. Frank Page, New Hampshire; Truman Abel Pease, New York; Winfield Scott Phillips, Darwin Hall Roberts, Vernon Dudley Rood, Wm. Emmet Stewart, and S. Walter Scott, Vermont; F. A. Tillinghast, Connecticut; Dan. Pease Webster, South Carolina. Twenty-three in all.

This ceremony ended, President J. B. ANGELL addressed the class in a discourse, which was peculiarly earnest, polished and practical in tone; enlivened by apt and forcible illustrations, and delivered in his usual easy and graceful manner, without notes. The President's address was received with marked gratification on the part of the members of the profession, and the audience at large. No abstract can do justice to its manner or its matter; yet we avail ourselves of the brief abstract of it prepared for the *Daily Free Press*, to give our readers an inkling of its beauties and spirit. The address will probably be printed.

PRESIDENT ANGELL'S ADDRESS.

With a few graceful words of introduction, President ANGELL announced as his subject:

The spirit in which a man should enter on and pursue his Profession.

In considering this, he should confine his remarks to no one profession, for the duties of preacher, lawyer, clergyman and physician are in many respects the same, and should be performed in the same spirit.

First. He who adopts a profession should regard it as a *profession* and not as a *trade*. It should be to him not a mere routine of forms, not a mere means of livelihood, but a high calling, in which he may do noble service for mankind. There are quacks and mercenaries in all the professions. The teacher may teach as he would do some mechanical employment, with his eye only on the dollar. How different the spirit of the true teacher who teaches because God has called him to it, and given him the high power, (which he must have if really called to the work) of *wakening enthusiasm* in his people. The law student may read law enough to give him admission to the bar; but without conception of the high functions of law, which HOOKER says has her seat in the bosom of God, and which has made society and government and progress possible. There are ministers who preach only for money

or fame—fewer doubtless in this than in other lands,—but to be found in all. So also the medical profession is not without unworthy members. Fitted to develop the highest faculties, and one which has been adorned by some of the most gifted minds, it is also more cursed with quacks than any other profession.

Second. Realizing thus the true worth of our profession, we shall give more time to careful preparation for it. The academic training for it will be made broad. The standard of admission to it will be elevated, and after entering, the member of it will still work with his might, not despising the learning of the past, and striving to keep pace with the wonderful fertility and progress of the present. Never were the practical sciences cultivated so successfully and with such good results as now, and no other science can make progress without bringing fruit for this of medicine. These fruits the true physician will make his by earnest study. He will bring to his daily work his best efforts, that he may be able to meet emergencies. The men who never fail are those who make careful preparation against critical moments, and no other profession presents more of such special occasions than this. As examples of the success which follows such zealous preparation, Mr. CHOATE and Mr. WEBSTER were instanced. The latter's triumph in his great debate with HAYNE was due to the most elaborate preparation. He in fact planned, fought and won the battle before it began, and fully prepared on every point, as did the great CORNBURY before his greatest battle, he lay down the night before the contest and slept the sleep of the victor.

Third. Having this lofty conception of his profession the worthy member of it will enrich it by careful effort, that it may be more powerful and fruitful of good. The wonderful advance in medical science, and the importance of recent discoveries were here noted; and the duty of cultivating the *power of observation* was urged, in order to occupy and improve the widening fields of research.

Again the true physician will avoid giving his *entire* strength to his profession. He is first a man, and should be one of wide sympathies and generous culture. He should be larger than his profession.

Lastly, he should, in a spirit of generous self-sacrifice, employ his faculties so as to conduce to the best welfare of the race and to the glory of God. The tie between physician and patient is one of peculiar closeness. The physician of the body may often also be the physician of the soul, and should realize that in the exercise of this power he is responsible to God. Thus striving after the highest Christian manhood, our students will exalt the standard of the profession, and aid in lifting the whole nation to loftier heights of culture and of action.

The facilities for instruction in the medical department of the University of Vermont have been greatly increased within the past two years. A clinic is held regularly, on Saturday of each week, which is thronged with patients, and has

been under the charge of Prof. A. B. CROSBY. This is a new feature, and adds great interest and profit to the instruction. Out of the cities there is no better place for the medical student than the city of Burlington, and the medical department of the Vermont University.

L. C. BUTLER.

Essex, Vt., July, 1867.

Lithia Springs in Pennsylvania.

The following account of a mineral spring containing lithia, a very rare and useful ingredient, especially in the gouty and rheumatic diathesis, has been sent us, and apparently deserves the attention of the medical public.—
EDS. MED. AND SURG. REPT.

GETTYSBURG, July, 1867.

Soon after the battle of Gettysburg, it was announced that a spring of healing waters had been discovered on the spot on which that battle had been fought, and popular rumor represented it as possessing many of the therapeutic virtues ascribed to some of the springs of antiquity and the old world.

These stories attracted the attention of the Governor of the State, of Gen. MEADE, and other eminent public men, who took an interest in this great battle-field.

They had produced so little impression on my mind, that I had forgotten all about the subject, till I was reminded of it by the conversation of the citizens soon after my arrival here. I was, therefore, most agreeably surprised to learn on inquiry, that there was for them so much foundation in fact.

The springs are situated in the centre of the field of the first day's battle, about a mile west of the town, on the Chambersburg turnpike, flanked at a distance of one hundred yards respectively, by two now historical groves. No better site for a watering place or invalid hotel is to be found anywhere, and it has not yet been appropriated. Abundance for drinking, bathing, and sale, exists. Below these springs are beds of mud deposited by them, emitting a strong mineral odor, something like that of gunpowder, yet the water itself is tasteless and odorless, and is in appearance hardly distinguishable from common spring water. This fact has not a little heightened the effect on the popular imagination of some of the remarkable cures affected by it.

An analysis of this water, conducted by Prof. MAYER, of the Pennsylvania College at Gettysburg, gives the following ingredients: Bi-carbonate of soda, bi-carbonate of lithia, bi-carbonate of magnesia, bi-carbonate of lime, sulphate of lime, silica, with traces of bi-carbonate of iron, bi-carbonate of potash, chlorides and phosphates.

It will thus be seen that this is the only American spring in which the chemists have detected lithia. This fact was deemed so remarkable, that an appeal was made to Prof. HENRY, of the Smithsonian Institute at Washington, as to the character and standing of the chemist who had effected this analysis, to which he promptly replied: "I am well acquainted with Prof. MAYER, and doubt not that any analysis published by him is correct." Prof. MAYER had been the former assistant of Prof. HENRY.

In view of this analysis, some of the cures it has effected, as certified to by physicians in Gettysburg, will possess a general interest for the profession.

Dr. J. W. C. O'NEAL, says: "These waters will increase in reputation as their powers become better known; already they have acquired an enviable celebrity for the relief and cure of rheumatic affections, gout, and disease of the kidneys and urinary organs.

The cures of GEO. SWOPE, Esq., PETER DEIHL, Mrs. CULP, Hon. J. B. DANNER, and others, are well known, and are remarkable as showing the varied powers of the water. Of these cases two were of rheumatic gout with deposits of urates. Dr. S. E. HALL, of Gettysburg, says of one of them: "The disease of Mr. —, for which I prescribed some time ago, I have to say was rheumatic gout, complicated with diabetes and deposits, or hard lumps around some of the joints. Ordinary remedies gave him relief for a time, but he still remained crippled, stiffened, and helpless in his limbs." The statement of one of the patients, Mr. DEIHL, may prove interesting as regards the administering of lithia water.

"I have suffered," he says, "more or less, from rheumatism for thirty years past, and for many years from diabetes in its most aggravated form. For many years I did not get an hour's sleep at one time, and it was only kept under by rigid dieting. I had given up in despair, when the idea occurred to me of trying the Gettysburg water. I commenced with three gills per day, taken between meals, which I gradually increased. For six or eight days it produced upon me an effect not unlike intoxication, except that it lacked the stimulus. It also aggravated the diabetes to an alarming extent. After which I speedily improved in all respects, and dispensed with my cane and crutch, which I had been previously compelled to use at the same season of the year. The diabetes was arrested. The lumps on one of my legs disappeared altogether, and one of the larger ones on the other leg has also disappeared, while the remaining lump is much reduced and softened, is in fact nearly dissipated. All this was the effect of the use of this water during only six weeks."

The exemption of Mr. DEIHL from the tempo-

rary aggravation of the symptoms of rheumatic gout, experienced by patients at the Lithia Baden Springs, in Germany, is remarkable, and may be due to the small quantity of the water taken at first. It is doubtful if any more extraordinary cure has been reported at any of the European Springs.

Equally wonderful cures of other chronic diseases have been effected by this water, especially of dyspepsia, liver complaint, kidney, and urinary diseases. The waters of this spring have been carried to many sections of the country, and used by invalids with excellent results. It is said to undergo no change from age, transportation, or exposure. A "Gettysburg Springs Company" has been organized to place this water in the market. One of the Springs has been excavated and secured for this purpose, and these waters will no doubt soon be placed within the reach of the profession in every part of the country.

G.

Arseniated Bromide Potassium as an Alternative. EDITORS MEDICAL AND SURGICAL REPORTER:

I do not know that I can spend a leisure hour to better advantage than by recalling the attention of the profession to the article by Dr. L. ELSBERG, of New York, in the number of the MEDICAL AND SURGICAL REPORTER, of the date of September 24, 1859, in reference to Dr. CLEMENS' solution of the arseniated bromide of potassium, and as many of your readers may not have the REPORTER of that date, I will give the formula for its preparation:

R. Pulv. arsen. albi separ.,
Potassæ sub. carb. pur., aa ʒi. M.

Boil with distilled water ʒviiij. to a perfect solution; on cooling, add sufficient water to make the solution ʒxij.

Afterward, add by weight, pure bromine, ʒij.

Pour the solution thus made into a bottle that will exclude the light, shake several times daily for a week. In four week's time it becomes colorless and ready for use. Dispense in a vial that will exclude the light.

Dose, 3 to 4 drops in a wine glass of water twice daily.

Its protracted use will produce the peculiar arsenical effect. After considerable experience in its use, I can readily endorse Dr. E's opinion, as to its "tonic, alterative, and resolvent properties," together with the rapidity and certainty of its excellent tonic effect.

It presents to the profession a remedy concentrated and palatable, objects not to be disregarded, when contending, as we frequently have

to do, in the peculiar class of cases to which it adapts itself, with stomachs easily revolted by the grosser and bulkier medicines.

I have used it, perhaps, most largely in the treatment of chronic intermittents. In the treatment of this class of diseases, it has succeeded admirably, relieving them more speedily and certainly than barks, ferruginous tonics, arsenic, or strychnia.

In secondary syphilis of strumous constitutions it acts happily. I have combined it with KEITH'S concentrated tinct. of stillingia in chlorotic habits, the combination seeming to set free the locked up secretions, and thus promoting a rapid return to health.

In long standing cases of neuralgia, combined with a saturated tinct. of sanguinaria, it overcomes a chain of morbid symptoms which with us seems to have its origin in malarial poisoning.

Last, but not least, I would recommend to the profession its use in *climacteric menorrhagia*, connecting its use with a saturated tinct. of ergot, and in its favorable effects here, I do not think they will be disappointed.

I have recently used the bromide of potassium in the *insomnia* following labor, a class of cases, where opiates are sometimes contra-indicated by the attending circumstances, and which, unless controlled insure an attack of mania or puerperal fever. Its effect has been all that could be desired; also in neuralgia, facial, intercostal, and of the rectum, in which its *calmative* power seemed wonderful.

EDWIN H. SHOLL, M.D.

Gainesville, Ala., June, 1867.

Phymosis Remedied by Dilatation.

EDITORS MED. AND SURG. REPORTER:

I was much interested in reading the report by Dr. ELLIOT COUES, U. S. A. (page 274, vol. xvi.), of a case of recent phymosis successfully treated by dilatation. I had, more than twenty years ago, adopted the same mode of treatment for congenital phymosis. I have seen, even in the mature adult, the most extreme contraction of the preputial orifice yield readily to a dilating force properly applied. I have seen this where the orifice was so small from infancy, that the urine had to be forced out by a sort of milking process. The prepuce is as readily dilated as the labia or vulva in many cases. A convenient dilator is readily extemporized by bending a piece of whalebone or hickory into an elongated U. I think the sponge or tangle tent, aided by a solution of extract of belladonna, would act well in the cases attended with irritability and pain

on pressure. The dilatation must be repeated daily till a sufficient size is attained to admit of ready retraction of the prepuce.

D. L. PHARES, M. D.

Newtonia, Miss., June 15, 1867.

News and Miscellany.

Memorandum on Disinfection.

Dr. ELISHA HARRIS, in a letter to the President of the Metropolitan Board of Health, has issued a memorandum on Disinfection for the use of the public, which, though somewhat lengthy, we think worth reproduction in our columns for the general information it gives on the subject.

Fresh air and pure water, constant ventilation and cleansing, are natural means of preventing and destroying the causes of infection and disease.

In this memorandum the words infection and disinfection are employed just as they are commonly understood, as referring to the preventible causes that are concerned in repropagating specific kinds of disease—these causes are:

First—The specific infectious property or substance of any one of the pestilential disorders.

Second—The local impurities and moisture of the house and grounds where the outbreaks of the disease have occurred or are liable to occur.

Third—The foul exhalations and atmospheric impurities which injure health or help to propagate pestilential epidemics.

Experience has proved that it is possible, by certain chemical agencies (such as are described in 4, 5, 6, and 7 of this Memorandum), wholly to destroy or prevent the operation of the specific infection or contagion of any disease, but to do this it is necessary that precise rules should be observed in applying the disinfectants; and, as regards cholera and typhoid fever, it is especially important that the infective discharges from the sick should be disinfected as soon as voided from the body, and that whatever clothing or surfaces may have been soiled by such discharges should be disinfected as soon as practicable. The fact should also be borne in mind by all persons who have charge of infected things, that the infective property or virus of some diseases, and of cholera especially, is capable of rapid increase in filthy places and in a foul, damp atmosphere. Therefore, the cleansing and disinfection of such places should if possible, precede the arrival or outbreak of any such pestilential infection. Every unclean and damp place about dwelling-houses, warehouses, factories, places of assemblage, passenger vessels, railway depots, and hotels, should be made and kept perfectly clean and dry. All drains, privies, and water-closets should be kept as clean as possible, and should be thoroughly purified before cholera comes into the neighborhood. Such cleansing and disinfection give the surest protection against all epidemics.

Disinfectants and How to Use Them.

1. *Quicklime*—to absorb moisture and putrid

fluids—Use fresh stone lime finely broken; sprinkle it on the place to be dried, and in damp rooms place a number of plates or pans filled with the lime powder. Whitewash with pure lime, and not with kalsamine.

2. *Charcoal Powder*—to absorb putrid gases—The coal must be dry and fresh, and should be combined with lime. This compound is the "calx powder" as sold in the shops.

3. *Chloride of Lime*—to give off chlorine, to absorb putrid effluvia, and to stop putrefaction—Use it as lime is used, and, if in cellars or close rooms the chlorine gas is wanted, pour strong vinegar or diluted sulphuric acid upon your plates of chloride of lime occasionally, and add more of the chloride.

4. *Sulphate of Iron (Copperas) and Carbolic Acid*. To disinfect the discharges from cholera patients, and to purify privies and drains: Dissolve 8 or 10 pounds of the copperas in a common pailful of water, and pour this strong solution into the privy, water-closet, or drain, every hour—if cholera discharges have been thrown in those places—but for ordinary use, to keep privies and water-closets from becoming offensive, pour a pint of this solution into every water-closet pan, or privy-seat, every night and morning. If there is cholera in the house or district, let carbolic acid be added to this iron solution—half a pint of the fluid acid to five gallons of the solution. Bed-pans and chamber-vessels are best disinfected with this mixed solution, using a gill at a time.

5. *Permanganate of Potassa*. To be used in disinfecting clothing and towels from the cholera and fever patients, during the night, or when such articles cannot be instantly boiled: Throw the soiled articles immediately into a tub of water in which there has been dissolved an ounce of the permanganate salt to every three gallons of water. Boil the clothing as soon as it is removed from this colored solution.

6. *Carbolic Acid* (fluid) may be diluted at the rate of from 40 to 100 parts of water to one of the fluid acid. Use this solution for the same purposes as copperas is used; also to sprinkle upon any kind of garbage or decaying matter, and on foul surfaces, or in drains. When used to disinfect clothing, carbolic acid of good quality should be thoroughly mixed with its own quantity of strong vinegar, and next be dissolved in 200 times its own quantity of water before the clothing is immersed in it. This mixture with vinegar insures such complete solution of the carbolic acid that the clothing will not be burned by undissolved drops of acid when disinfected in the carbolic water. This weak solution (1 part to 200) will not injure common clothing. But to destroy clothing as well as infection, instantly, use the acid diluted only 10 to 30 times its own quantity of water. The disinfecting and antiseptic power of good carbolic acid is so great that one part of it to 50 or 100 parts of water is sufficient for ordinary purposes.

For drains, sewers, foul heaps, stables, and privies, the cheap "dead oil" of coal tar, or the crude carbolic acid, answers every purpose, when freely applied. Coal tar itself is available as a disinfectant to paint upon the walls of stables, privy vaults, and drains. By mixing with saw-

dust or dry lime, coal tar or crude acid may be used on foul grounds or heaps of refuse.

7. *Boiling or High Steam Heat.* Whenever foul clothing and infected things can be boiled, or have a boiling heat steadily applied and kept up for an hour, this is one of the simplest and best modes of disinfection. But until such high heat is actually applied to the infected things, some one of the disinfecting solutions must be used. A common steam tub (in a laundry or elsewhere) with a tight cover is a good disinfecting vat.

[These methods of disinfection are preferred simply because they are effectual, safe, easily applied, and not expensive.]

Places that must be Disinfected and what Disinfectants to Use.

For water-closets, privies, bed-pans, &c., use the substances 4 or 6, as described above.

For cellars, vaults, stables, or any damp or offensive places, use 1, 2, 3, 4 or 6 in any manner suited to the objects to be attained, as described in these directions.

The permanganate salts must not be used with the carbolic or coal-tar disinfectants. It is also best that chlorine and the chlorides should not be used at the same time with them.

For sick rooms, bed rooms, and closets: Ventilate and keep clean, and use, 1, 2, or 3, according to directions.

To disinfect a privy, or a quantity of earth that is contaminated by cholera excrement, or liable to be infected, use the mixed carbolic and copperas solution, saturated strength as follows:

To every cubic foot of soil or filth give from one to three pints of the strong solution.

To every privy and water-closet allow at the rate of one pint to be poured in, daily at evening, for every four persons on the premises; this practice to be kept up while cholera is in the country.

This method of systematic disinfection would be useful in every household, but when cholera is present in any city or country such thorough application of this means of protection cannot be safely neglected in any city or place to which persons may come from towns where cholera is epidemic. The best sanitary chemists advise that the estimated quantity of these privy and sewer disinfectants required for each person daily in the presence of cholera should be half an ounce of sulphate of iron, and half a drachm, or half a teaspoonful of carbolic acid.

Things to be Disinfected.

(a.) Beds, bedding, and upholstered stuffs—Expose to sunlight and ventilation freely and frequently. If actually infected, thoroughly moisten every part with best solution of 6 or 5.

(b.) Soiled clothing, &c., from the sick, with cholera or any contagious disease, use solution No. 5 or 6, precisely as directed, and as soon as the soiled articles are removed from the patient, or immerse them at once in boiling water. In any case of infectious disease the clothing must be boiled previous to washing or drying. Infected clothing must be thrown into the water at boiling heat, and that temperature should be kept up for an hour.

(c.) Carpets, sofas, lounges, mattresses, floors,

&c., infected by cholera excrement, or by small pox, or other contagions—Thoroughly moisten every infected thing with one of the carbolic or permanganate solutions (No. 5 or 6). To give still greater completeness to the disinfection required for an infected apartment, and thick woolen stuffs, carpets, &c., to which boiling heat cannot be applied, fumigate with sulphurous acid, thus: First, arrange to vacate the room for 12 hours: close every window and aperture, and, upon an iron pipkin or kettle with legs, burn a few ounces of sulphur. Instantly after kindling it, every person must withdraw from the place, and the room must remain closed for the succeeding eight hours. If any other kind of fumigation is resorted to—as that by chlorine, bromine, or nitrous acid—a sanitary officer or chemist should superintend the process. Fumigation should be resorted to in dwelling-houses only by official orders or permission, as the disinfecting gases are very poisonous.

Finally.

Let fresh air and sunlight purify every place they can reach. Open and dry all cellars and vaults, and keep the grounds and surfaces about dwellings as dry and clean as possible. Use fresh lime, or the "calx powder," freely upon wet or offensive surfaces. Flush the water-closets and drains daily before throwing in the disinfectants as directed. Let domestic and personal cleanliness be everywhere observed. There are no substitutes for fresh air and water.

Posthumous Influence of the late Dr. Francis.

Dr. J. F. G. METTAG, of Lancasterville, S. C., relates the following incident connected with SHERMAN's expedition through the Southern States during the rebellion.

"Expecting that the Federal army would pass over this place, and that, according to their rule, they would probably burn the public buildings, and as my residence was near the Court House, and must be consumed with it, I supposed that I might afford a reason to the commanding officer for the exercise of leniency by making to him a statement of facts. How I could manage to command his credence, I was, for some time, at a loss to conceive. But I remembered I was in possession of a number of letters from the eminent Doctor JOHN W. FRANCIS, (lately dead,) of the city of New York, expressive of great kindness and respect for me. I determined, that as soon as the army should arrive in the village, I would make my statement to the commanding officer. General KILPATRICK, and then present one of these letters to him to read, that he might believe that which I had just stated to him.

"I carried out my determination, and the General earnestly, after reading a part of the letter, said twice to his aids, *tell them not to burn the Court House.* And, moreover, when he was about to leave the village together with his army, he publicly issued the same order, which was obeyed.

"I have no doubt but that it was the letter of this great and good man that saved the village from conflagration; for, if the Court House had

been consumed by fire, the village must have shared the same fate."

French Academy of Medicine on Vivisections.

A committee of this learned and scientific body, composed of Messrs. Claude Bernard, Cloquet, Larrey, Cruveilhier, and others, was appointed in 1863, to examine and report on the subject of vivisections. They reported that vivisections with a definite scientific object are indispensable to the progress of physiology, and the Academy finally declared that the practice of vivisection must be left to the discretion of scientific men. A medical writer in the *London Times* very properly counsels moderation in the language of those who attack these doings. It appears that the committee of the Academy very strongly objected to the violence of the language employed in the last note forwarded to the French Emperor by the London Society for the Protection of Animals.

A Quack in an "Abject Condition."

In London, a quack doctor has been in the habit of sending indecent pamphlets to respectable people. In one instance, however, he got his deserts, as is shown by this communication in the *Pall Mall Gazette*: "Sir—I have been frequently annoyed by receiving Dr. JORDAN's productions. Last night, during dinner, one arrived. Thinking that it was a tradesman's advertisement, I was on the point of giving it to a young lady who was sitting next to me, when the name of JORDAN caught my eye. This morning I paid the Doctor a visit, at 29 George street, Hanover Square. I returned him his pamphlet. I remained with him for a few minutes, and left him apparently suffering from 'nervous exhaustion.' I recommend other men who are annoyed by his abominations to pay him a visit after the receipt of the next pamphlet, and leave him in the same abject condition."

Blanching of the Hair.

A paper read before the Royal Society, London, by Mr. ERASMUS WILSON, has thrown new light on the question as to what causes the sudden whitening of the hair, often produced by fright or profound grief. He cites a case in which the hair was colored white and brown alternately from end to end. The white segments were about one-half the length of the brown, and the two together measured about one-third of a line. Under the microscope the colors were reversed, and it was obvious that the opacity of the white portion was due to a vast accumulation of air globules packed closely together in the fibrous structure of the hair, as well as in the medulla. There was no absence of pigment but the accumulation of air-globules veiled and obscured the normal color and structure. Mr. WILSON suggested the possibility of the brown portion being the day growth and the white portion the night growth. He also said, in reference to the sudden blanching of the whole hair, of which there were many cases on record, that during the prevalence of a violent nervous shock, the normal fluids of the hair might be drawn inward toward the body,

in unison with the generally contracted and collapsed state of the surface, and that the vacuities left by this process of exhaustion might be suddenly filled with atmospheric air. An interesting discussion followed the reading of the paper. Dr. SHARKEY alluded to a recent case of sudden blanching of the hair reported by Dr. LANDOIS, of Griefswald, in *Virchow's Archiv*, which was ascertained to be the result of an accumulation of air globules in the fibrous substance of the hair.

— Dr. ROBERT J. BRECKINRIDGE, Jr., a son of the Rev. Dr. W. L. BRECKINRIDGE, died suddenly in Houston, Texas, a few days since. He was formerly a professor in the Louisville Medical University, and Surgeon of the United States Marine Hospital in the same city. During the rebellion he served as Lee's Chief Medical Director, and after the surrender removed to Houston.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

BETHEL.—MATTHEWS.—On the 11th inst., by the Rev. Robert Alexander, George S. Bethel, M.D., and Miss Rachel Matthews, all of Belmont co., Ohio.
DAVIS.—SCHORER.—At the United States Consulate, Paval Azores, June 21st by Rev. E. C. Hutchinson, D.D., John Davis, Esq., Surgeon, and Susanna B., daughter of the late Samuel L. Shoher, of Philadelphia.
EAMES.—COOK.—At the residence of Henry K. Cain, Esq., Maineville, O., Tuesday, July 24, Dr. J. Eames of Newnan, Ga., and Miss Mary Ada Cook, of Maineville, Warren co., Ohio.

DIED.

DREHER.—July 4th, 1867, in Newton, Summit co., Ohio, Mary, wife of Dr. J. C. Dreher, aged 22 years, 9 months, and 5 days.
HIBBER.—In New York, July 19, Dr. R. Walter Hibber, eldest son of Nelson S. and Elizabeth Hibber, aged 31 years.
MATTHESON.—In Middleville, Mich., July 8th, 1867, of hooping-cough, La Blanche, daughter of Dr. G. W. and A. A. Mattoon, (late of Knoxville, Pa.), aged 1 year, 2 months, and 22 days.
ROBINSON.—Dr. Robinson, of Bennington, Mich., died recently in consequence of sprinkling chloroform upon his pillow to induce sleep.
STERNBERG.—It is reported that among the victims from cholera at Fort Harker, on the 15th inst., was Mrs. Sternberg, wife of the Post-Surgeon.

ANSWERS TO CORRESPONDENTS.

Dr. S. S. M., Pa.—CODMAN & SHURTLEFF'S anæsthetic apparatus can be used in dentistry. Mr. WHITE, of this city, also makes a good instrument for the same purpose.
Dr. A. F., of N. Y.—The time you mention will be perfectly convenient for us.
Dr. W. T. P., of Ky.—The price of skeletons bleached and wired is \$45.00, bleached and unwired \$25.00, unbleached wired \$35.00, unbleached unwired \$20.00. We can send them to you at any time.
Dr. J. I. G., of Ga.—Dr. E. P. BANNING's address is 11 St. Mark's Place, N. Y. City.
Dr. J. C. M., of Miss.—The previous remittance had been received. WARING'S Therapeutics, and HOLMES' Border Lines sent on the 20th. The delay was owing to a wrong entry.
A correspondent writes to us that he has employed a great many remedies for tinea corporis or mentagra, ordinary barber's itch, without benefit, and requests some of the readers of the REPORTER to give the treatment that they have used with success. We second his request.
Dr. S. V. D. H., of Miss.—Ophthalmoscope and Record sent by express on 23d.
Dr. J. C. Ohio.—Spy glass sent on the 20th by express.
Dr. E. S. B., N. J.—WILSON on the Skin, sent by mail on the 20th.
Dr. F. C. S., of Pa.—Budd on Stomach, sent on 20th.

Dr. W. A., of N. Y.—GARRATT'S Med. Electricity, sent on the 17th.
Dr. G. B. C., of Pa.—Presaries sent by mail on the 17th.
Dr. M. W. H., of Pa.—FLINT'S Practice sent by mail on the 20th.

METEOROLOGY.

July,	8,	9,	10,	11,	12,	13,	14,
Wind.....	N. W.	W.	N. W.	W.	S. W.	N. W.	N. E.
Weather.....	C'd'y.	Clear	Clear.	Clear.	C'd'y.	Clear.	Clear.
	Sh'r.	Sh'r.			Rain.		
Depth Rain..		1-10			5-10		
Thermometer.							
Minimum.....	70°	63°	57°	63°	65°	62°	57°
At 8, A. M.....	73	69	70	74	80	66	70
At 12, M.....	74	80	76	82	78	73	76
At 3, P. M.....	74	81	77	84	80	75	74
Mean.....	72.75	73.25	70.	76.75	75.75	69.	69.25
Barometer.							
At 12, M.....	30.1	30.	30.2	30.2	30.2	30.2	30.4
Germanstown, Pa.							
							B. J. LEEDOM.

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